



Wid 006094593

PLEASE PLACE LABEL IN THIS SPACE

001008 AUG 20 1971

### COMMENTS

[illegible]

INSTALLATION'S EPA I.D. NUMBER													APPROVED		DATE RECEIVED (yr., mo., & day)													
S	W	I	D	0	0	6	0	9	4	5	9	3	T/A	C	A	8	0	0	8	1	8							
F	1	2											2	1								16	17	18	19	20	21	22

[illegible]

STREET OR P.O. BOX

c
3900 North St
e

CITY OR TOWN															ST.	ZIP CODE					
4	G	r	a	f	t	o	n								W	I	5	3	0	2	4

STREET OR ROUTE NUMBER

[illegible]

CITY OR TOWN															ST.	ZIP CODE			
C																			
6																			

NAME AND TITLE (last, first, &amp; job title)

PHONE NO. (area code &amp; no.)

2	W	a	c	h	a	l	,	K	e	n	n	e	t	h	E	N	V	I	R	E	n	g	r					4	1	4	-	8	9	8	-	5	7	1	1
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A. NAME OF INSTALLATION'S LEGAL OWNER

[illegible]

**B. TYPE OF OWNERSHIP**  
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

M

☒ A. GENERATION☐ **B. TRANSPORTATION** (complete item VII)☐ C. TREAT/STORE/DISPOSE

#### ☐ D. UNDERGROUND INJECTION

**VII. MODE OF TRANSPORTATION** (*transporters only – enter “X” in the appropriate box(es)*)

☐ 61 A. AIR      ☐ 62 B. RAIL      ☐ 63 C. HIGHWAY      ☐ 64 D. WATER      ☐ 65 E. OTHER (specify):

### VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION

☐ **B. SUBSEQUENT NOTIFICATION** (complete item C)

C. INSTALLATION'S EPA I.D. NO.

W	I	D	O	O	6	0	9	4	5	9	3
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IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

~~AUG 18 1980~~

W	W	1	D	0	6	0	9	4	5	9	3	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14

## IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F001	2 F003	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U220	32 U239	33 U226	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)

☒ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE



NAME &amp; OFFICIAL TITLE (type or print)

J. H. GLEASON  
Works Manager

DATE SIGNED

8/14/80





ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

WID006094593

REACKNOWLEDGEMENT

TECUMSEH PRODUCTS CO. INC.  
900 NORTH ST  
GRAFTON

WI 53024

INSTALLATION ADDRESS

900 NORTH ST  
GRAFTON

WI 53024



NOTE: Compliance Evaluation Inspection Form and CME Form (Form 4430-5) must accompany this form.

Submission of this form is voluntary.

**A. GENERAL INFORMATION (WDNR USE ONLY):**

Facility Name (As shown in a current EPA Notification Printout) TECUMSEH PRODUCTS COMPANY	EPA ID Number WI 1206094593	FID Number 609170
Facility Location 700 NORTH STREET	Notification Status (As shown in a current EPA Notification Printout) (Circle all that apply) LOG SQG <b>VSOQ</b> TRANS TSD	
City, State, Zip Code GRAFTON, WI 53024	Other <b>APR 12 1995</b>	
Compliance Evaluation Inspection Date 21 APRIL 1994		
WDNR Specialist Name/Telephone Number SCOTT PERKINSON / (414) 761-2711		

**B. STATUS CHANGE INFORMATION - TO BE COMPLETED BY FACILITY (Check all that apply):**

Change This Facility's Notification Status To:

☐ 1. NON-HANDLER

This facility does not generate, transport, treat, store or dispose of any hazardous waste, and does not intend to conduct such activities in the future.

☐ 2. VERY SMALL QUANTITY GENERATOR

This facility is a very small quantity generator of hazardous waste. This means that we generate less than the following per any calendar month: (1) 100 kg or 220 lbs of hazardous waste, (2) 1 kg or 2.2 lbs of acute hazardous waste, and (3) 100 kg or 220 lbs of acute hazardous waste spill cleanup material; and accumulate less than the following at any time: (a) 1,000 kg or 2,205 lbs of hazardous waste, (b) 1 kg or 2.2 lbs of acute hazardous waste, and (c) 100 kg or 220 lbs of acute hazardous waste spill cleanup material. We intend to meet these generation and accumulation requirements in the future.

☒ 3. SMALL QUANTITY GENERATOR

This facility is a small quantity generator of hazardous waste. This means that we generate less than the following per any calendar month: (1) 1,000 kg or 2,205 lbs of hazardous waste, (2) 1 kg or 2.2 lbs of acute hazardous waste, and (3) 100 kg or 220 lbs of acute hazardous waste spill cleanup material; accumulate less than the following at any time: (a) 6,000 kg or 13,230 lbs of hazardous waste, (b) 1 kg or 2.2 lbs of acute hazardous waste, and (c) 100 kg or 220 lbs of acute hazardous waste spill cleanup material; and accumulate this waste in containers or above-ground tanks for less than 180 or 270 days (depends on distance waste is transported). We intend to meet these generation and accumulation requirements in the future.

☐ 4. LARGE QUANTITY GENERATOR

This facility is a large quantity generator of hazardous waste. This means that we generate more than the following per any calendar month: (1) 1,000 kg or 2,205 lbs of hazardous waste, (2) 1 kg or 2.2 lbs of acute hazardous waste, or (3) 100 kg or 220 lbs of acute hazardous waste spill cleanup material; and accumulate this waste in containers or aboveground tanks for less than 90 days. We intend to meet these generation and accumulation requirements in the future.

☐ 5. TRANSPORTER

This facility transports hazardous waste by air, rail, highway or water.

☐ 6. TREATER/STORER/DISPOSER

This facility treats, stores for greater than 90 days, and/or disposes of hazardous waste on-site.

☐ 7. OTHER: This facility is

This category may be used for facilities involved with Waste-As-Fuel, Used Oil, etc. activities, Non-Regulated Installations (as indicated in columns 1 or 11-14 in the EPA Notification Printout), or other. Please explain.

RECEIVED  
WMD RECORD CENTER

MAY 01 1995

APR 18 1995

**C. CERTIFICATION:**

The following certification must be signed by the owner or operator of the facility, or on behalf of the owner or operator, by an individual who meets the requirements of s. NR 181.55(3)(b) or s. NR 680.05(2)(b), Wis. Adm. Code.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted, is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name of Owner and/or Operator (Print or type) DAVE EGERHARDT	Signature <i>[Signature]</i>	Date 8-10-94
Title OPERATIONS MANAGER	Telephone Number (Include area code) 414-377-2790	
Mailing Address (If different than above)	City, State, Zip Code	